

Time to Care Specialist Support Services Limited

Time to Care Specialist Support Services Limited

Inspection report

12d Linnet Court
Cawledge Business Park, Hawfinch Drive
Alnwick
Northumberland
NE66 2GD

Tel: 01665606358
Website: www.time-to-care.org.uk

Date of inspection visit:
25 July 2017
26 July 2017
27 July 2017
28 July 2017
04 August 2017

Date of publication:
08 September 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Time to Care Specialist Support Limited provides personal care to people in their own homes. Staff supported two people receiving 24 hour support in two independent living services. They also supported 34 people living in their own homes in the North Northumberland area.

The provider also offered an outreach service to assist people to access the local community or other identified support to meet people's social needs if this had been agreed as part of their plan of care. We did not inspect this part of the service because it was outside the scope of the regulations.

We have not inspected this service since the provider changed the service's name and address in January 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

There was currently no nominated individual at the service, which is a person who the provider puts forward to oversee the management of the service. The previous nominated individual had left the service.

We identified shortfalls and omissions with regards to staff recruitment. We also found shortfalls with the recording and management of medicines.

There were safeguarding procedures in place. We found that one specific allegation had not been reported to the local authority in line with the provider's safeguarding policy. In addition, the provider had not notified CQC of three safeguarding allegations in a timely manner. Not all staff had completed safeguarding training.

There was no evidence of induction training being completed. We found the records did not always evidence the training which had been undertaken or demonstrate that competency checks had been completed to ensure staff were able to carry out care safely and effectively.

Care plans and risk assessments were not always detailed and decisions made in line with MCA principles had not been recorded.

People's nutritional needs were met and they were supported to access healthcare services when required.

We observed positive interactions between staff and people who used the service. Staff promoted people's privacy and dignity.

There was a complaints procedure in place. The manager told us that no formal complaints had been received. However, it was unclear how many informal complaints and concerns had been received.

An effective system was not in place to monitor the quality and safety of the service. Following the inspection the manager told us that action had been taken to address the shortfalls and omissions identified.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the need for consent, safeguarding people from abuse and improper treatment, staffing [in relation to training], fit and proper persons employed and good governance. We also identified a breach of the Registration Regulations 2009 which related to the notification of other incidents.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found that one specific allegation had not been reported to the local authority in line with the provider's safeguarding policy. The provider had not notified CQC of three safeguarding allegations in a timely manner. Not all staff had completed safeguarding training.

We identified shortfalls and omissions with regards to staff recruitment. We also found shortfalls with the recording and management of medicines.

Risk assessments were not always detailed and some risks had not been formally assessed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

An effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005.

There was no evidence of induction training and records did not always evidence the training which had been undertaken or demonstrate that competency checks had been completed to ensure staff were able to carry out care safely and effectively.

People's nutritional needs were met and they were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

We observed positive interactions between staff and people.

Staff supported people's privacy and dignity.

People and relatives told us they were involved in people's care.

Is the service responsive?

The service was not always responsive.

Care plans and risk assessments were not always detailed. It was not clear when reviews of people's care had been carried out or what areas had been reviewed.

There was a complaints procedure in place. The manager told us that no formal complaints had been received. However, it was unclear how many informal complaints had been received.

The service provided an outreach service to support people to access the local community or other identified support to meet people's social needs if this had been agreed as part of their plan of care.

Requires Improvement 

Is the service well-led?

The service was not always well led

There was a registered manager in place. However, there was no nominated individual to oversee the management of the service.

We found shortfalls and omissions with regards to the maintenance of records. An effective system was not in place to monitor the quality and safety of the service.

The provider had not informed CQC of all notifiable events in a timely manner.

Requires Improvement 

Time to Care Specialist Support Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The comprehensive inspection took place on 25 July 2017 and was announced. We gave the provider notice to ensure that someone would be available at the office and organise visits to people's homes.

We visited five people at home on the 26, 27 and 28 July 2017. This included visiting one person who received 24 hour support. We visited people in a number of different locations so we could check how care was delivered by different staff. The expert by experience spoke with six people's relatives by phone between 2 and 4 August 2017.

Prior to our inspection, we checked all the information which we had received about the service including notifications which the provider had sent us. Statutory notifications are notifications of events that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted the local authority's safeguarding and contracts and commissioning teams. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of the inspection.

The registered manager completed a provider information return (PIR) prior to the inspection. A PIR is a

form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We spoke with the manager, two operational managers, five care workers during our visits to people's homes and we contacted two care workers by phone. We also emailed 31 staff to ensure they had the opportunity to tell us their experience of working for the provider. Two staff replied to our email. We examined six people's care plans and medicines administration records in the home's we visited. We also checked the computerised care plan for the person who received 24 hour care. We examined five staff members training and recruitment files and other records relating to the management of the service.

Is the service safe?

Our findings

Most people told us they felt safe with the staff who visited them. This was confirmed by relatives. One relative said, "My mum could not have a shower without the carers and she doesn't want me involved in that understandably, so she finds it a god send. She is very confident with the carers and feels totally safe." One person however, raised a safeguarding concern which they said had been reported to the office. This was confirmed by the manager. We found that the person had not been fully protected from the risk of abuse. In addition, the allegation had not been reported to the local authority safeguarding or CQC in line with legal requirements.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Safeguarding people from the risk of abuse and improper treatment.

Following the inspection, staff reported the allegation to the local authority safeguarding team.

There were safeguarding policies and procedures in place. Staff told us they would report any concerns of suspected abuse to their line manager. We noted however, that not all staff had completed safeguarding training and we found that one allegation had not been dealt with appropriately. We spoke with the manager about this issue. She said that online training was available and they were in the process of ensuring all staff had completed this training.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Staffing.

We checked staff recruitment procedures. Most people and all relatives were complimentary about the staff at the service. We identified shortfalls with staff recruitment. There was no evidence of interview records in the recruitment files we viewed. This meant it was not clear how the provider had assessed both staff members suitability for the role. Staff had a Disclosure and Barring Service [DBS] Adult First check in place. This had been obtained to ensure they were not barred from working with vulnerable people. We noted however, that several staff had commenced employment before their full check with details of any cautions and convictions had been received. We read a letter in one staff member's file from the DBS service which stated, "Please wait for the DBS certificate before making a recruitment decision regarding this applicant." We noted that this staff member had been employed and had worked with people unsupervised. On the second day of our inspection, a full DBS check had been received with no cautions or convictions. Whilst we recognised that no concerns were highlighted on the DBS, the provider had not followed safe recruitment procedures. In addition, we noted that risk assessments had not been completed at the time of employment with regards to any cautions highlighted on staff DBS checks in line with their policy.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Fit and proper persons employed.

Following the inspection, the manager told us that risk assessments had been introduced when and

cautions had been highlighted on DBS checks.

We checked the management of medicines. We noted that care plans contained little information about medicines support. One person's current medicines were stored in a safe to reduce the risk of her accessing these. Other medicines were stored in a cupboard. There was no care plan or risk assessment in place to record these storage arrangements. In addition, a staff member told us that this person's medicines were sometimes given covertly [hidden] in food. This was not documented.

We examined one person's boxed medicine. The label on the original packaging stated that their medicine needed to be administered 30-60 minutes before food. This information was not recorded on the MAR. In addition, the label on the medicine stated not to crush the medicine. Staff had handwritten on the MAR that the medicine could be crushed and put into water.

Information about when to administer 'as required' medicines including anti-anxiety medicine was not available. In addition, the reason for any non-administration was not always recorded on the MAR. The administration of certain topical medicines such as creams and ointments and inhaled medicines were not always recorded on the MAR.

We read one person's MAR and noted that staff had not recorded that certain antibiotics and a pain relieving medicine had been administered. The staff member told us that the individual was not currently having these medicines. They explained that these were left on the MAR in case they were required in the future. This information was not recorded on the MAR or in their care plan.

These omissions meant it was not clear whether medicines were being administered as prescribed.

We noted that certain risks had not been formally assessed. We went to one person's house and noted that the person's relative and certain staff had left notes for other staff who visited to highlight risks relating to this person such as accessing their medicines, choking, use of the kettle and the fire. These had not been included in the person's care plan or risk assessment to ensure these risks and action taken, could be reviewed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Good Governance.

Is the service effective?

Our findings

Most people and all relatives told us that staff effectively met people's needs. Comments included, "Yes, I feel the carers are trained enough for what they do for us, they always use PPE [personal protective equipment], clean up after themselves, and they are always on time – what more can you ask for" and "Staff are very professional and maintain high standards."

Staff told us that induction training was carried out which included a period of time shadowing an experienced staff member. There was no evidence however, of this training to demonstrate the provider had ensured staff had achieved acceptable levels of competence to deliver care safely and effectively. The manager told us they were working with their training provider to introduce the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of care workers.

Staff told us that the operations manager carried out spot checks of their practice including medicines management to ensure they followed the correct policies and procedures. Formal documented checks of these observations however were not completed to demonstrate what areas had been assessed and any areas for action. This omission meant there was no evidence that the provider had assessed staff as being competent to deliver care safely and effectively.

Staff explained that there was sufficient training available. However, records did not always evidence that specific training had been completed such as training on the Mental Capacity Act 2005, safeguarding, dementia care, medicines management and moving and handling. We spoke with the manager about this issue. She told us, "It's a bit of both – it's records [lack of] and we need to catch up [with training]." She explained they were working with the external training provider to deliver training. She told us that one of the operational managers was going to complete a medicines 'train the trainer's' course with the external training provider which would enable them to deliver medicines training to staff. This was confirmed by the quality manager of the external training provider.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Staffing.

All staff with whom we spoke told us they felt well supported. There was a supervision and appraisal system in place. We read the service's supervision policy which stated, "Every employee will be invited to a supervision at least six times each year." Most staff had worked at the service for less than a year. We noted that not all staff had received regular supervision. The manager told us, "We do have sessions – they haven't all been written up, but we do have the conversations." She also said they were looking at their supervision system and were going to make it "more staff focused."

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked the provider and registered manager were working within the principles of the MCA and that any conditions on authorisations to deprive a person of their liberty were being met.

We visited one person at home. A staff member told us the person sometimes received their medicines covertly. Covert administration involves disguising medicine in food or drink where it is deemed in the person's best interests to be given without their knowledge due to serious risks to their health or wellbeing if it was not taken. Staff kept the external doors of the property locked to prevent the person from leaving the house unsupervised and becoming vulnerable in the community. In addition, staff told us that on occasions this individual refused personal care. They explained they continued to provide personal care despite any refusal because it was in the person's best interests.

Whilst these actions may have been in the person's best interests, a decision made in line with MCA principals had not been recorded. There were no management plans in place with details of how and when these decisions were to be reviewed. In addition, there was no evidence that the restriction on the person's liberty had been referred to their care manager to assess whether an application needed to be made to the Court of Protection.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 11. Need for consent.

We found that people were supported to receive a suitable diet which met their needs. Staff asked people what they would like to eat. One staff member said, "Would you like your usual for breakfast? Cup of tea, two biscuits and one Weetabix with carnation milk?" Staff ensured that meals were attractively presented. They made one person a tuna sandwich with cherry tomatoes and little chunks of cheese followed by chopped pear and pineapple.

People and relatives told us and records confirmed that staff supported them to access healthcare services such as the GP, district nurses and behavioural support team. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

Most people and all of the relatives told us that staff were caring. Comments included, "No matter how small the issue, everything is done -she is cared for," "She gets well looked after," "They are all nice," "All we wanted was good care – no issues here, it's wonderful," "My mum says she feels really well looked after" and "My mum is very independent and hates the fact that she needs help with things but they make her feel more at ease which is great, takes the pressure off me and the family."

We observed positive interactions between staff and people. Staff displayed warmth when interacting with people. We heard a conversation between a member of staff and a person who had a dementia related condition. "It's me," the staff member said, "Of course it is, I love you" the person replied. The staff member said, "I'll look after you - we'll work together. Would you like to wear something red today?"

Staff responded sensitively to the questions they were asked, regardless of the context. We visited another person with a dementia related. They showed the staff member their doll and china dog. The staff member said, "You're very good, you look after them don't you?" The person nodded and smiled.

Staff were knowledgeable about people's life histories and their likes and dislikes. One staff member said, "I find it so fascinating, I love listening to [name] and their stories." One person told us of her love for Labrador dogs. She told us that a staff member had brought her Labradors in to show the person which she had enjoyed.

Staff treated people with dignity and respect. They knocked on people's doors before they entered and spoke with people in a respectful manner. One person said, "Staff always ensure that dignity and privacy are respected which is great and makes me feel better about not being able to do things myself."

People and relatives told us that they were involved in people's care. We noted that people or their relatives had signed various forms in their care file to indicate their involvement. One relative said, "We are all involved though and feel that this way, we can ensure she is getting what she needs to keep her out of a care home."

Is the service responsive?

Our findings

People had care plans and risk assessments in place. However, these were not always detailed. We noted that staff sometimes wrote each other notes and left them displayed around people's houses to inform other staff of people's preferred routines. This information had not been incorporated into people's formal care plans or risk assessment to help ensure consistent care and ensure that appropriate and safe care was delivered. We visited one person at home. The staff member told us that this person could exhibit behaviour which could be considered challenging. The staff member was able to describe what techniques they used to avoid and reduce these behaviours. This information was not included in their care plan.

People and relatives told us that the operations manager carried out reviews of people's care in relation to the home care service. The provider used a compliance company to provide their policies and procedures and care documentation. There was a care review form in place. However, staff did not use this form to record the care reviews. This meant it was not clear which areas of the care plan or risk assessment were reviewed or whether any actions were required. We read one entry by the operations manager which stated, "[Name] on site to do spot check on staff medication and [name of person's] wellbeing."

Body maps were in place to record any skin damage or injuries. We noted however, that these were not always used.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People and relatives told us that staff were responsive to people's needs. One person had previously had another provider delivering their care. They told us, "It's been much better since they've been in. They're a lot more helpful than the last ones [previous care provider]." Other comments included, "They are very good carers, they are marvellous," "She leaves everything in order and reminds me on," "[Name of staff member] is fantastic," "There's nothing she misses, everything is perfect" and "The carers are great at letting me know when mum is ill – they always call and ask us if we want them to do anything like calling a doctor etcetera."

The service provided an outreach service to support people to access the local community or other identified support to meet people's social needs if this had been agreed as part of their plan of care.

There was a complaints procedure in place. The manager told us there had been no complaints received. However, one relative told us, "The complaints that I have made have certainly been noted." The manager said that informal complaints were recorded in people's individual files. This omission meant there was no system in place to review concerns and informal complaints to identify if there were any trends or themes and enable action to be taken to reduce any repeat issues.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

On the final day of our inspection, one of the operational managers had introduced a proforma to record events such as informal complaints and concerns so these could be monitored.

Is the service well-led?

Our findings

There was a registered manager in place in line with legal requirements. She was also the chief executive of the company. There was currently no identified nominated individual at the service to oversee the management of the service. The previous nominated individual had left. The provider had not notified us of this departure or notified us of their replacement.

The manager told us that due to the continued expansion of the service, she had taken on extra management staff to assist with the monitoring of the service. There were now two operational managers in place. The manager told us that one of the operational managers was going to register with CQC and become the new registered manager. She would then concentrate on her role as chief executive and oversee the management of the service.

The service used an external compliance company to provide their policies, procedures and associated care documentation. Checks were carried out to monitor the two independent supported living services. These included health and safety, medicines and finance checks.

The manager told us that one of the operational managers checked the quality and safety of care provided for those who received the home care service. This included checks on people's medicines, care plans, risk assessments, daily records and finances. We noted however, that it was not clear which areas were checked because these were undertaken informally. Although the provider had access to audit documentation from the external compliance company this documentation was not currently used. The manager told us, "We refer to them but don't complete them" and "You are prompting us to write things down that we already do."

We found shortfalls in the maintenance of records relating to people, staff and the management of the service. Care plans and risk assessments were not always detailed and decisions made in line with MCA principles had not been recorded. There was no evidence of induction training and records did not always evidence the training which had been undertaken or demonstrate that competency checks had been completed. There was not a clear strategic approach to training. There was no indication of what training the provider deemed mandatory or the frequency of training. This meant there was no ability to identify individually who was up to date with training or whether there were any deficits.

We also identified shortfalls in relation to the systems in place to monitor the safety and quality of the home care service. We found that one specific allegation had not been reported to the local authority or CQC. We concluded that although safeguarding procedures were in place; these were not always operated effectively to protect people from the risk of abuse. In addition, an effective system was not in place to monitor complaints, missed calls, accidents and incidents.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations. Good governance.

Following the inspection, the manager told us that action had been taken to address the shortfalls identified.

During the inspection, we found that the provider had not notified CQC of three safeguarding incidents in a timely manner and the outcome of an application to the Court of Protection to deprive an individual of their liberty. These omissions meant an effective system was not in place to ensure that all notifiable incidents were reported to ensure the Commission had oversight of all notifiable events to make sure that appropriate action had been taken to safeguard people.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Notification of other incidents.

The registered manager submitted the necessary notifications when this was brought to her attention and told us that she was now aware of her responsibilities in relation to the Registration Regulations 2009 to inform CQC of all notifiable events in a timely manner.

People and relatives were generally positive about the service. Comments included, "I have always found the staff very helpful and approachable, but I think they are on a learning curve which is understandable given that they are a new company," "They have been fantastic" and "Much better than the previous ones [provider]."

The manager told us that they were developing a survey to be sent out to people who used their homecare service. She told us that surveys were already carried out in one of the independent living services.

Staff told us they enjoyed working at the service and felt supported. One staff member emailed us and stated, "There's is good communication with all management, they encourage training...and I feel they are very flexible towards the staff." A relative said, "There is a lot of team spirit here and that's why it runs as smoothly as it does." We observed that this positivity was reflected in the care and support which staff provided to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent An effective system was not fully in place to make sure the service met their legal requirements in line with the Mental Capacity Act 2005. Regulation 11 (1)(2)(3).
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not fully protected from the risk of abuse because safeguarding procedures were not always followed. Regulation 13 (1)(2)(3)(6)(b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not in place to monitor the quality and safety of the service. There were shortfalls in the maintenance of records relating to people, staff and the management of the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures were not always followed to ensure people's safety. Regulation

19 (1)(a)(2)(a)(3)(a).

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were omissions in the provision of training to ensure that all staff received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18 (2)(a).